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APPLICANTS

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** CONTINUING DATA *****
none 2d

** FOREIGN APPLICATIONS *****
none 2d

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 8	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>2d</i>				
Verified and Acknowledged <i>CH</i>	Examiner's Signature <i>CH</i>	Initials		

ADDRESS

21005

TITLE

FORWARD ERROR CORRECTION ON MULTIPLEXED CDMA CHANNELS ENABLING HIGH
PERFORMANCE CODING

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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